



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES TOOELE COUNTY CORPORATON

PALMER DePAULIS
Executive Director

CONTRACT # 12-02-04

OFFICE OF FISCAL OPERATIONS
JENNIFER C. EVANS
Director

Vendor No.: 18704G
Commodity Code No.: 95262000000

BUREAU OF CONTRACT MANAGEMENT
STEPHANIE M. CASTRO
Director

Log No.: 27004
Governmental Entity

Contract No.: 110039

Subject: FRF
(For Division Use Only)

AMENDMENT #2

TO BE ATTACHED TO AND MADE A PART OF the above numbered Contract between the Utah Department of Human Services, which includes the Division of Substance Abuse and Mental Health (referred to in this Amendment as "DHS" or "DHS/DSAMH");

AND

Name: Tooele County Corporation
Address: 47 South Main Street
Tooele, Utah 84074-2194

A Governmental Entity (referred to as the "Contractor").

PURPOSE OF AMENDMENT: 1) To extend the end date of the contract; 2) add **\$8,808.00** in funding for FY2013; 3) replace rate table; and 4) add FY2013 Budget forms.

The parties agree to amend the Contract as follows:

1. Part I, Section A, #2, a. "Contract Period": Change to read:
"This Contract is effective as of **July 1, 2010** and terminates on **June 30, 2013**, unless..."
2. Part I, Section A, #5, paragraph titled "Actual Services/Approved Budget":
Replace with the following: "DHS/DSAMH" shall pay the Contractor not more than **\$8,808.00 for the period of July 1, 2010 – June 30, 2011, \$8,808.00 for the period of July 1, 2011 – June 30, 2012, and \$8,808.00 for the period of July 1, 2012 – June 30, 2013** for providing the services required pursuant to this Contract. Payments for each period of funding ("funding period") identified above shall be based on the Contractor's approved budget for that funding period and its documented costs incurred during that same period. Funding does not carry over from one funding period to the next. Any funds not expended by the end of the funding period for which they were allocated shall lapse and the Contractor shall have no further claim to the same.

DHS BUDGET STATEMENT FORM

Name of Contractor: VMH- Tooele

Name of Individual Preparing Budget: Alex C. Gonzalez

(Projected Revenue Current Year)

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

DHS Contract Specialist: Ray Winger

REVENUE SOURCES	TOTAL REVENUES	FUNCTIONAL REVENUE CENTERS						PRIOR YEAR REVENUES
		Allocation of Total Revenues into Separate Programs						
A	B	C	D	E	F	G	H	I
1 This Contract (Division/Office of _____)	8808							
2 Other Contracts this same DHS Division/Office								
3 Contracts with other DHS Divisions (specify) _____								
4 Other State of Utah Departments								
Local Units of Government:								
5 City (specify) _____								
6 County (specify) _____								
7 Associations of Governments (specify) _____								
8 Federal Block Grants (specify) _____								
9 Other Federal Programs (specify) _____								
10 Collections and Fees from clients								
11 United Way Funding								
12 Other contributions (specify) _____								
13 Other Organizations (specify) _____								
14 Special Fund Raising								
15 Prior Years Excess Funds (Estimate)								
16 Miscellaneous (specify) _____								
17 TOTAL REVENUE	8808	0	0	0	0	0	0	0
A	B	C	D	E	F	G	H	I

IS BUDGET STATEMENT FORM

Name of Contractor:

CATEGORY/III PROGRAM EXPENSES	TOTAL EXPENSES	FUNCTIONAL EXPENSE CENTERS Allocation of Total Expenses/Into Separate Programs										THIS CONTRACT EXPENSES	PRIOR YEAR CONTRACT EXPENSES	
		A	B	C	D	E	F	G	H	I	J			
Salaries *(from salary schedule, page 7)	8808												8808	
Fringe Benefits (employer taxes, insurance, retirement)														
Travel/Transportation														
Mileage														
Vehicle Lease														
Vehicle Depreciation														
Vehicle Repairs/Supplies														
Other (specify)														
Space Costs														
Rent/Lease														
Depreciation														
Property Taxes														
Other (specify)														
Utilities														
Power														
Heat														
Water/Sewer														
Other (specify)														
Communications														
Telephone														
Postage/shipping														
Other (specify)														
Equipment/Furniture (Under \$5,000)														
Rent/Lease														
Repair/Maintenance														
Depreciation														
Other (specify)														
SUB TOTAL PAGE 3	8808	0	0	0	0	0	0	0	0	0	0	0	8808	0
A	B	C	D	E	F	G	H	I	J					

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: VMH-Tooele

Provide back-up justification of the total shown for the following Budget categories. Include individual sub-categories if different back-up data (rate basis of estimate costs, etc.) apply. If this contract is for more than one service and costs are allocated between cost centers, explain cost allocation basis. Attach additional pages if necessary

EXPENSE CATEGORY	JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined)
<p>Category I - Administration Expenses Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> 1. Salaries 2. Fringe Benefits 3. Travel/Transportation 4. Space Cost 5. Utilities 6. Communications 7. Equipment/Furniture (not capitalized or depreciated) 8. Supplies/Maintenance 9. Miscellaneous 10. Conferences/Workshops 11. Insurance (property/casualty, auto, professional, etc) 12. Professional Fees/Contract Services 	
<p>Category II - Capital Expenditures</p>	

DHS SALARY SCHEDULE FORM

Name of Contractor: VMH-Tooele

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

NAME	TITLE	TOTAL SALARY	TOTAL ADMIN SALARY	%	This Contract ADMIN SALARY	%	TOTAL PROGRAM SALARY	%	This Contract PROGRAM SALARY	%
Family Resource Facilitator		8808					8808	100	8808	100
Project Development (in kind)		0		-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
				-		-		-		-
TOTALS		8808		-		-	8808	100	8808	100
A	B	C	D	E	F	G				
	Total to page 2 Line 1, column B	Total to page 2	Total to page 2	Total to page 2	Total to page 3, Line 1, column B	Total to page 3, Line 1, column I				